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Roth IRA Application

Do not use this form for a Traditional IRA.

1 Account Registration	First Name _____ MI _____ Last _____
CUM 1346132	Address _____ Daytime Phone () _____
Social 794	City _____ State _____ ZIP _____
	Social Security Number _____ - _____ Date of Birth _____ / _____ / _____ month/day/year

2 Type of Roth IRA Contribution	Please check one box only (do not use for a Traditional IRA): <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Spousal contribution ¹ <input type="checkbox"/> Rollover from another Roth IRA <input type="checkbox"/> Conversion ² from a Traditional IRA (Please attach completed Request for Conversion form.) This transaction will apply to tax year 19 _____. Amount of initial contribution \$ _____ N/A One-time setup fee..... \$ _____ 10.00 Total amount enclosed (same as initial contribution)..... \$ _____ N/A
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3 Fund Selection (May be in whole dollars or in percentages totaling 100%)	AMCAP Fund _____ Growth Fund of America _____ American Balanced Fund _____ Income Fund of America _____ American High-Income Trust _____ Intermediate Bond Fund of America _____ American Mutual Fund _____ Investment Company of America _____ Bond Fund of America _____ New Economy Fund _____ Capital Income Builder _____ New Perspective Fund _____ Capital World Bond Fund _____ SMALLCAP World Fund _____ Capital World Growth and Income Fund _____ U.S. _____ Government Securities Fund _____ Cash Management Trust of America _____ U.S. Treasury Money Fund of America _____ EuroPacific Growth Fund _____ Washington Mutual Investors Fund _____ Fundamental Investors _____
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4 Statement of Intention	This section is not applicable to payroll deduction plans.
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5 Telephone Exchange/Redemption	<input type="checkbox"/> I do not wish to authorize the telephone exchange privilege. Unless the box is checked, I hereby authorize and direct American Funds Service Company to accept and act upon telephone, fax, telex, telegraph or internet instructions from ANY PERSON for exchanges involving this account or any other account with the same registration. <i>American Funds Service Company reserves the right to cancel this privilege with 30 days' written notice to the investor's address of record.</i>
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6 Dealer Information For dealer use only.	We authorize American Funds Service Company to act as our agent for this account.	
	1225 L Street P. O. Box 83000 Address of office servicing account Lincoln, NE 68501-3000 City State Zip SMITH HAYES FG85 Registered representative's name and no. (402) 476-3000 (800) 279-7437 Registered representative's phone no.	SMITH HAYES Financial Services Corp. Dealer name (as it appears on Selling Group Agreement) 1225 L Street P. O. Box 83000 Address of home office Lincoln, NE 68501-3000 City State Zip _____ Authorized signature of dealer

¹ If you are an unemployed spouse, you may set up a spousal Roth IRA. The maximum combined contribution to your spouse's and your own Roth IRAs is the lesser of 100% of your spouse's compensation or \$4,000 (\$2,000 maximum to each account, which includes any contributions to a Traditional IRA). You must file a joint return and the adjusted gross income must be less than \$160,000.

² You may convert a Traditional IRA into a Roth IRA unless you are married filing a separate tax return or your adjusted gross income (single or joint) exceeds \$100,000.

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7 Beneficiary Designation ☐ I have completed the Beneficiary Designation Form and attached it to this application.
Your estate is your beneficiary if you do not name a beneficiary on the Beneficiary Designation Form.

8 Automatic Investment Plan This section is not applicable to payroll deduction plans.

9 Automatic Exchanges I hereby authorize automatic exchanges of \$_____ (exact dollars; \$50 minimum) from (name of fund) _____ into (name of fund) _____. I would like Exchanges to take place on the following day(s) of the month: _____.
OPTIONAL I would like these exchanges to take place: ☐ monthly OR during these months:
☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec
☐ Effective immediately OR ☐ begin in the month of _____.
The minimum investment requirement of the receiving fund must already have been met OR the originating fund's balance must be at least \$5,000 and the receiving fund's minimum investment must be met within one year.

10 Your Signature **I hereby establish an American Funds Roth IRA, appoint Capital Guardian Trust Company as trustee, and:**
(1) acknowledge that I have received and read The American Funds Roth IRA Trust Agreement and the Roth IRA Disclosure Statement;
(2) acknowledge that I have received and read the current prospectus(es) of the fund(s) selected in section 3
(3) consent to the \$10 setup fee specified in section 2 and the annual trustee fee (currently \$10) specified in the Disclosure Statement;
(4) acknowledge that I am solely responsible for determining my eligibility to contribute to the Roth IRA;
(5) agree to the conditions of the telephone exchange authorization stated in the above section of this form unless I check the box in section 5, and agree to indemnify and hold harmless American Funds Service Company, any of its affiliates or mutual funds managed by such affiliates and each of their respective directors, trustees, officers, employees and agents for any loss, expense or cost arising from such instructions once this telephone exchange privilege has been established;
(6) certify, under penalty or perjury, that my Social Security number shown on this application is correct; and
(7) have attached a completed Beneficiary Designation Form to this application

Sign Here 

X _____
Roth IRA Owner Date (month/day/year)